DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317 To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

May 1, 2012

Mr. Eric Fritz, Administrator Woodstock Terrace 456 Woodstock Road Woodstock, VT 05091

Provider #: 1005

Dear Mr. Fritz:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **March 27**, **2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN, MS

Licensing Chief

PC:ne

Enclosure



PRINTED: 04/13/2012 FORM APPROVED

of Licensing and Pi	otection			<u> </u>		
IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C	
	1005	·			03/27/2012	
PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY;	STATE, ZIP CODE		
TOCK TERRACE						
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE COMPLETE	
R100 Initial Comments:			R100	A145		
An unannounced on-site state re-licensure survey and complaint investigation were conducted and completed between the dates of 3/26/12 - 3/27/12 by the Division of Licensing & Protection. There were no regulatory violations related to the two complaints. Following are the regulatory violations related to the state re-licensure survey.			,	developed and is in place Resident #1 that addresse special needs and choices	e for es the s of	
V. RESIDENT CAR 5.9.c (2)	RE AND HOME SER\	VICES .	R145	has audited all other residence currently receiving Hospital	dents ice	
each resident that is based on abilities and as identified in the resident assessment. A				hospice care plan is in pla and being followed.	ace	
necessary to assist the resident to n independence and well-being;		tain		will assure that a hospice	care	
by:	iew and staff interviews, the		·	residents placed on hospi	ce	
in the sample (Resident the Hospice program receiving Hospice se	dent #1) who was admitted to m (on 9/1/11) and who was services provided by a local	Imitted to	<i>i</i>	Services will conduct per audits for residents receive	riodic ving	
was admitted to the had no service plar which showed evid receiving Hospice shis/her pain managagency staff (hospi other hospice servi	e Hospice Program of the facility's plan of ence that the residen services including ove ement program, use ce aide) and the avai ces such as a social	n 9/1/11 f care) t was ersight of of lability of worker		hospice care plans are cu and complete. RI45, RI51, RI78 + A601 PCC's	4/29/2012	
	PROVIDER OR SUPPLIER TOCK TERRACE SUMMARY STA (EACH DEFICIENCE REGULATORY OR IS Initial Comments: An unannounced of and completed between 3/27/12 by the Divit There were no regit two completed between 3/27/12 by the Divit There were no regit two completed between 3/27/12 by the Divit There were no regit two completed between 3/27/12 by the Divit There were no regit two completed between 3/27/12 by the Divit There were no regit two completed between 3/27/12 by the Divit There were no regit two completed between 3/27/12 by the Divit There were no regit two completed between 3/27/12 by the Divit There were no regit two completed between 3/27/12 by the Divit There were no regit two completed between 3/27/12 by the Divit There were no regit two completed between 3/27/12 by the Divit There were no regit two care must describe that as identified in the of care must describe and a spiritual to the had no service plar which showed evid receiving Hospice shis/her pain managagency staff (hospi other hospice servi and a spiritual cour and a spiritual c	There were no regulatory violations related to the state re-licensus violations related to the care and servine must describe the care and servine each resident that is based on abilities as as identified in the resident with the sample (Resident #1) who was active the violated violated violates. Per record review on 3/27/12, Resident was admitted to the Hospice Program on had no service plan (the facility's plan of which showed evidence that the resident receiving Hospice services including over his/her pain management program, use agency staff (hospice aide) and the avaid other hospice services such as a social and a spiritual counselor. On 3/27/12 at	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: 1005 PROVIDER OR SUPPLIER TOCK TERRACE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments: An unannounced on-site state re-licensure survey and complaint investigation were conducted and completed between the dates of 3/26/12 - 3/27/12 by the Division of Licensing & Protection. There were no regulatory violations related to the two complaints. Following are the regulatory violations related to the state re-licensure survey. V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to develop a care plan for 1 resident in the sample (Resident #1) who was admitted to the Hospice program (on 9/1/11) and who was receiving Hospice services provided by a local	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A BUILDING B. WING. 1005 STREET ADDRESS, CITY. 456 WOODSTOCK, VT 0 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments: An unannounced on-site state re-licensure survey and complaint investigation were conducted and completed between the dates of 3/26/12 - 3/27/12 by the Division of Licensing & Protection. There were no regulatory violations related to the two complaints. Following are the regulatory violations related to the state re-licensure survey. V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to develop a care plan for 1 resident in the sample (Resident #1) who was admitted to the Hospice program (on 9/1/11) and who was receiving Hospice services provided by a local home health agency. Findings include: Per record review on 3/27/12, Resident #1 who was admitted to the Hospice Program on 9/1/11 had no service plan (the facility's plan of care) which showed evidence that the resident was receiving Hospice services including oversight of his/her pain management program, use of agency staff (hospice aide) and the availability of other hospice services such as a social worker and a spiritual counselor. On 3/27/12 at 1 P.M.	TOCK TERRACE STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK, VT 05091	

Division of Licensing and Protection

STATE FORM

SUPPLIER REPRESENTATIVE'S SIGNATURE

LABORATORY DIRECTOR'S OB

18YS11

(X6) DATE

If continuation sheet 1 of 4

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 03/27/2012		
NAME OF PROVIDER OR SUPPLIER STREET AD 456 WOO		DDRESS, CITY, STATE, ZIP CODE ODSTOCK ROAD TOCK, VT 05091						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ACTION SHOULD BE COMPLETE DATE		
R145	Continued From page 1 Clinical confirmed that there was no facility service plan that addressed this.			R145	R151 Resident #1's medical record			
R151 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (8) Ensure that the resident's record documents any changes in a resident's condition; This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, there was no documentation in the record for one resident in the sample (Resident # 1) between the facility and the agency providing hospice services which showed evidence of coordination of care between the two, including documentation of changes in the resident's condition. Findings include:			R151	now contains docume reflecting the coordinate services between the and the agency provinces as changes in the residuand condition.			
					The Health Services has audited all other currently receiving services to assure the medical records now documentation reflection of services the facility agancy providing by	residents hospice at their v contain ecting the rices and the		
	was admitted to the had no documentat agency providing he coordinated the resithis coordination and the resident's condithe Health Services Clinical confirmed the documentation that coordination between	ident's care by docund by documenting chition. On 3/27/12 at 1 Director and the VP	n 9/1/11, and the menting langes in 1 P.M. of care		agency providing he services as well as a in the residents' con. The Health Services will assure that there documentation of the coordination of services in condition forward. The Vice President	my changes aditions. Director e is se sices and moving		
R178 SS=D	78 V. RESIDENT CARE AND HOME SERVICES			R178	Services will conduct periodic audits for residents receiving hospice services to assure that			

Division of Licensing and Protection

	OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDII		COMPL	
		1005		B. WING		1 '	27/2012
	PROVIDER OR SUPPLIER			DRESS, CITY,	STATE, ZIP CODE		
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(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
A 607 SS=D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 5.11 Staff Services 5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, 1 staff member (Staff Member #1) failed to maintain a safe and healthy environment during a medication pass. Findings include: Per observation of a medication pass by a staff nurse on 3/26/12 at 2:00 P.M. the nurse, having poured medications for multiple residents, began the medication pass without the benefit of carrying the residents medications on a medication tray. Per observation, the nurse entered the first resident's room to administer their medication while placing several other residents medications (a medication cup and a box with eye drops) on their kitchen counter. In the next residents room, s/he placed these same medications on that resident's kitchen table when s/he was administering their medications. On 3/26/12 at 3 P.M. Staff Member # 1 confirmed that the above practice was an infection control issue, as did the Health Services Coordinator when s/he was interviewed at 3:15 P.M. VI Resident Care and Services		R178	there is documentation coordination of service changes in condition in forward. The Executive Director report the results of the audits to the Quality A Committee on a quarter R178 The staff nurse in question been retrained regarding infection control proceduring a medication pathe residents affected been monitored for an and symptoms of infection to the procedure of the residents affected been monitored for an and symptoms of infection control procedures during the Health Services E has retrained all other staff regarding proper control procedures during the Health Services E has retrained all other staff regarding proper control procedures during the Health Services E and the Vice President Clinical Services will periodic audits of medication passes.	ion of the vices and n moving ctor will those v Assurance arterly basis. 4/29/2 uestion has rding proper ocedures a pass and ed have any signs fection. s Director er nursing er infection during a s Director ent of ill conduct redication		
00-0	6.7 Care Plans The licensee, the res	sident and/or the resi	ident's		passes to assure that prinfection control technique.	roper	
Ì	legal representative			,	being followed.		

Division of Licensing and Protection (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING C B. WING 1005 03/27/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **456 WOODSTOCK ROAD** WOODSTOCK TERRACE WOODSTOCK, VT 05091 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 607 Continued From page 3 A 607 The Executive Director will report develop and maintain a written resident care plan the results of those audits to the for those residents who require or receive care. Ouality Assurance Committee on a The care plan shall describe the assessed needs quarterly basis. and choices of the resident and shall support the 4/29/2012 resident's dignity, privacy, choice, individuality, and independence. The licensee shall review the A607 plan at least annually, and whenever the resident's condition or circumstances warrant a A new care plan has been review, including whenever a resident's decision, developed and is in place for behavior or action places the resident or others at Resident #1 that addresses the risk of harm or the resident is incapable of special needs and choices of engaging in a negotiated risk agreement. resident with regards to hospice services. This Statute is not met as evidenced by: Based on record review and staff interviews, the The Health Services Director has facility failed to develop a service plan (the audited all other residents currently facility's care plan) for 1 resident in the sample (Resident # 1) who was admitted to the Hospice receiving hospice services to assure program (on 9/1/11) and who was receiving that a current hospice care plan is in Hospice services provided by a local home health place and being followed. agency. Findings include: The Health Services Director will Per record review on 3/27/12 Resident # 1 who assure that a hospice care plan is in was admitted to the Hospice Program on 9/1/11 place on any new residents placed had no service plan (the facility's plan of care) on hospice services moving which showed evidence that the resident was forward. receiving Hospice services, including oversight of his/her pain management program, use of The Vice President of Clinical agency staff (hospice aide) and the availability of Services will conduct periodic other hospice services such as a social worker audits for residents receiving and a spiritual counselor. On 3/27/12 at 1 P.M. hospice services to assure that the Health Services Director and the VP of hospice care plans are current and Clinical confirmed that there was no facility complete. service plan that addressed this. The Executive Director will report the results of those audits to the Quality Assurance Committee on a quarterly basis.

4/29/2012